

LANCASTER SEWER DISTRICT COMMISSION

APPLICATION FOR DRAIN LAYER LICENSE

APPLICATION FEE : \$50.00

Directions

Fill in all blanks, attach additional paperwork as necessary

Enclose fee, PAYABLE TO LANCASTER SEWER DISTRICT with application to ensure processing

Return to: Lancaster Sewer District - PO Box 773 - 94 Main Street - South Lancaster MA, 01561

General

Company Name: _____

Number of Employees: _____

Company Address: _____

Mailing Address: _____
(if different)

Phone Number: _____ FAX Number: _____

References

Provide at least two references
of Town's which Applicant
holds Licenses in. Provide
Contact Name, Address , and
Phone Number for each.

1 _____

2 _____

Attach additional references
if desired.

If SDS experience provide BOH Reference

Terms & Conditions

To the Lancaster Sewer District Commission:

The undersigned, being the _____ of the company _____
(President, Owner's Agent, etc.) (Company's name)

hereby requests a Drain Layer License from the Lancaster Sewer District Commission for the construction of service connections made to the Commission's sewer system, herein after, the "System".

In consideration of the granting of this permit the undersigned hereby agrees:

1. That the license is to remain in effect for a period of no more than one (1) year from date of issuance.
2. That this license is not a substitution for a connection permit, nor any other required permits, and that the license holder agrees to acquire all necessary permits and permissions before starting the construction of a new building sewer, or reconstruction, repair, or modification of an existing building sewer which connects to the System.
3. To follow all acceptable construction techniques outlined in the Lancaster Sewer District's Rules and Regulations. Variation from these rules is grounds for revoking the license at the discretion of the Commissioners.
4. To post a bond in an amount no less than \$ 5,000.00 as determined by the Commissioners. Additional bonding may be required for connections being made by special permit.
5. To provide a Certificate of Casualty and Liability Insurance with \$500,000/\$1,000,000 limits and the Lancaster Sewer District named as an additional insured party.
6. To notify the Commission of any changes or additions to this application.

The undersigned accepts full liability for all work performed under this license. And indemnifies the Lancaster Sewer District, the Town of Lancaster, and all respective agents and holds them harmless for all work performed under this license.

Signature: _____

Date: _____

Printed name: _____

Application approved and license granted:

Granted - Superintendent of Sewers: _____ Date: _____